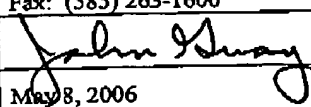
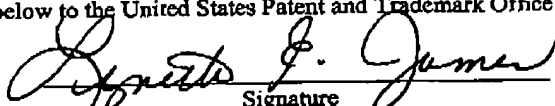


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/939,937
		Filing Date	August 27, 2001
		First Named Inventor	Rui M. Amorin et al.
		Group Art Unit	2142
		Examiner Name	Benjamin A Ailes
Total Number of Pages in This Submission	2 3	Attorney Docket Number	D/A 0941 (1508/3320)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request for 1 month <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Replacement Drawing <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request For Continued Examination (RCE) Transmittal
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. <u>24-0037</u> for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John F. Guay, Reg. No. 47,248 c/o Gunnar G. Leinberg, Reg. No. 35,584 NIXON PEABODY LLP CLINTON SQUARE PO Box 31051 Rochester, NY 14603 Telephone: (585) 263-1000 Fax: (585) 263-1600
Signature	
Date	May 8, 2006

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<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at <u>571-273-8300</u> .	
<u>May 8, 2006</u> Date	 Signature <u>Lynette E. James</u> Typed or printed name